

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/242525	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11	1					
12	1					
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34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	20					
42	1					
43	1					
44	3					
45	3					
46						
47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	52					
TOTAL CLAIMS	72					

CLAMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						